

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <small>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) OGOSHI9USA
Application Number 10/501,117	371 Filed January 14, 2005	
For Copper Alloy Sputtering Target and Method for Manufacturing the Target		
Art Unit 1793	Examiner Sikyin Ip	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ <u>130.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$ <u> </u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 \$ <u> </u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$ <u> </u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$ <u> </u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-3040</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,277</u>		
<input type="checkbox"/> attorney of agent under 37CFR 1.34		
Registration number if acting under 37 CFR 1.34 <u> </u>		
<u>/William Bak/</u> Signature		<u>October 27, 2008</u> Date
<u>William Bak</u> Typed of printed name		<u>(215) 540-9216</u> Telephone Number
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u> </u> forms are submitted.		